

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	2					
11	2					
12	2					
13	2					
14	2					
15	1					
16	1					
17						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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58					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					